CCL 207 Rev. 9/2003 Kansas Department of Health and Environment

Bureau of Child Care and Health Facilities

1000 SW Jackson, Suite 200 Topeka, KS 66612-1274

Phone: 785-296-1270 Fax: 785-296-0803 Website: www.kdhe.state.ks.us/kidsnet/



RECORD OF OBSERVATIONS

Incomplete record of observations will not be accepted as meeting the requirement. PLEASE PRINT WITH BLACK INK OR TYPE.

First and Last Name of the Individual Completing the Observations							
Name of the Individual's Work Site Facility exactly as it a		License #					
Street Address of Work Site Facility	City	Zip Code + 4 Co		County			

Complete five observations for 2.5 hours each for a total of 12.5 hours. All parts of the day should be observed. Observations are not to be made at the worksite or at a facility owned by the individual.

- 1. Primary care providers **completing the requirements for a for a Licensed Day Care Home** may complete observations in a Licensed Day Care Home or Group Day Care Home or Licensed Child Care Center that has been in continuous operation for 3 or more years.
- 2. Primary care providers **completing the requirements for a Licensed Group Day Care Home** may complete observations in a Group Day Care Home or Licensed Child Care Center that has been in continuous operation for 3 or more years.
- 3. Staff completing requirements for a **Child Care Center**, **Preschool**, **Head Start Program or School Age Program for a unit (or) facility with fewer than 13 children** may complete observations in a Licensed child care facility with children of the same age as enrolled in present facility.
- Staff completing requirements for a Child Care Center, Preschool, Head Start Program or School Age Program for a unit (or)
 facility with up to 24 children may complete observations in a Licensed Child Care Center, Preschool, Head Start Program or
 School Age Program.

RECORD OF OBSERVATION - All blanks must be completed.

Name of Observation Site and License Number	Date of Visit	Age of Children or Youth Observed	Begin & End Time of Observation	Signature of Teacher Observed

I attest, under penalty of perjury, that the information completed on this form is true and correct.

Signature of Individual Completing Observations	Date Signed (MM/DD/YYYY)
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